



ARIZONA DEPARTMENT OF ECONOMIC SECURITY
DIVISION OF CHILD SUPPORT ENFORCEMENT
(602) 252-4045 P.O. BOX 40458 PHOENIX ARIZONA 85067

Janet Napolitano
Governor

David A. Berns
Director

APPLICANT/CUSTODIAL PARENT
REQUEST FOR WITHDRAWAL FROM IV-D SERVICES

RE: YOUR NAME: _____

ATLAS CASE NUMBER: _____

Applicant, (Your Name) _____, who is not currently receiving Temporary Aid for Needy Families (T.A.N.F.) or A.H.C.C.C.S. benefits, herein requests withdrawal from the IV-D program. The applicant has been advised and understands that in the future should IV-D services be desired, it will be necessary to reapply to the Division of Child Support Enforcement (DCSE) for IV-D services.

The applicant has been advised and understands that unless a new application for services is made to DCSE, no further action will be taken in this case by the State unless the child(ren) who is/are the subject(s) of this case become(s) (a) recipient(s) of T.A.N.F. The State reserves the right to pursue any unreimbursed T.A.N.F. paid for the support of the child(ren).

Applicant understands that by withdrawing from the IV-D program, state and federal tax and lottery intercept services are no longer available and that locate services as to the whereabouts of the non-custodial parent can only be provided pursuant to a separate application process.

CUSTODIAL PARENT/APPLICANT SIGNATURE

DATE

STATE OF _____)
COUNTY OF _____) ss.

Subscribed and sworn or affirmed and acknowledged before me this date,

_____.

Signature of Notary Public

My Commission Expires: _____